

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|-----------------------------------------|-----------------------------------------------------------|----------------------------------------|----------------------------|-------------|
| Establishm Hull + | | hter | | Telephone Number 812 570 2249 | Date of Inspection (mm/dd/yr) PERMIT # | | |
| | | | nber and street, city, state, zip code) | † | 8/6/2 | 019 | 19-149 |
| | | | Hen Albang, 14 47150 | 502 572 8862 | -,0,- | • | |
| Owner | | | | Purpose: | Follow-uj | p Releas | se Date |
| Concrek | -)ungle | | Ene Monis | 1. Routine | No 10 days | | |
| Owner's A | ddress | | | Follow-up # Z | Summary of Violations: | | |
| Dec. 1.6 | 713 | | | 3. Complaint | omplaint re-Operational C NC R | | es e |
| Person in C | marge Myris | | | 4. Pre-Operational | $C \bigcirc$ | \nearrow NC \bigcirc R | |
| Responsibl | e Person's | E-mail | | 5. Temporary | Menu Tyr | e (See hack | of page) |
| | | | | 6. HACCP | | | , |
| Certified F | ood Manag | er wds. | (11/3/21) | 7. Other (list) | 12 | 3_ X | _45 |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | | | | | | | |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" | | | | | | | |
| Section# | Section# C/NC R Narrative | | | | Т | | orrected By |
| | | | • | | | | |
| | | | | | | | |
| No violations. All corrections made | | | | | | : <u> </u> | |
| No visionis Mill correction made | | | | | | | |
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| | Growfdoor hand sink, SOF, and possible ISDH varine | | | | | | |
| | | | for outdoor hand sink, 507, and | possible ISDH um | me | | |
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| Received by | (name and | | inted): | Inspected by (name and title printed): A.J. Ingram (EHS) | | | |
| Received by | (signature) | | 2 | Inspected by (signature): | | | |
| | 22 | _ | | ay | | | |
| cc: | | | сс: | | ce: | | |
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